

## Service or Equipment Interruption Request

This form is to be completed **in its entirety and submitted** by the owner no less than **10 working days** prior to the start of any work. Approval time will vary based on interruption complexity. Ensure submission allows sufficient time for approval before the 10-day period begins.

**Project Number:** \_\_\_\_\_ **Project Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **General Contractor:** \_\_\_\_\_ **Subcontractor:** \_\_\_\_\_

**FM D&C Construction Manager:** \_\_\_\_\_ **UIHC Liaison:** \_\_\_\_\_

**What is being interrupted or shut down?** \_\_\_\_\_

**Has contractor located valves?**    YES    NO

**Does contractor require Engineering Services assistance?**    YES    NO

**If YES, for, what?** \_\_\_\_\_

**Location of interruption (floor, building, area impacted):**

**Reason for interruption or shutdown?** \_\_\_\_\_

**Times/Dates of Interruption:**

\_\_\_\_\_ am    pm    on Date: \_\_\_\_\_

\_\_\_\_\_ am    pm    on Date: \_\_\_\_\_

Estimated Duration: \_\_\_\_\_

**Circle Day:**

M T W TH F S SU

M T W TH F S SU

**Notes:**

**ENGIE Involvement:**    YES    NO      **Controls Involvement:**    YES    NO      **HCIS Involvement:**    YES    NO

**Detailed Scope of Work and equipment/system/panels that are impacted. Attach additional details and floorplan showing extents of impact, pictures panel schedules, etc.:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Contact	Name	Company	Cell Phone Number
GC's Project Manager			
GC's Superintendent			
Sub-Contractor Point of Contact			
FM D&C Construction Manager			

Provide the contact information for each person that will be on-site performing the work during the shutdown and their number of years of service performing work at UIHC (add pages if necessary).

Name	Company	Cell Phone Number	Number of Years Performing Work at UIHC

**This section is to be completed by UIHC**

**The UIHC Liaison is to notify all affected users. Have the affected users been notified?**  YES  NO

**If planning meetings occurred, list those involved in the discussion of this interruption:** (include names and departments. Include communication references (emails, meeting minutes, etc.). Include stakeholder signatures below, if applicable.)

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**This section is to be completed by the Construction Manager**

1. Is work taking place outside of Project Infection Control Zone?    YES    NO  
    Has this plan been reviewed by ICRA?    YES    NO
2. Is an air handling unit that impacts areas outside of the project area being impacted?    YES    NO
3. Will fire watch be required?    YES    NO
4. Will the work require Interim Life Safety Measures?    YES    NO

**Departmental Work Authorization Approval Signatures**  
**(\* indicates REQUIRED signature)**

Contractor\*: \_\_\_\_\_ Date: \_\_\_\_\_

FM D&C CM\*: \_\_\_\_\_ Date: \_\_\_\_\_

Capital Management Liaison\*: \_\_\_\_\_ Date: \_\_\_\_\_

Capital Management Assoc. Director\*: \_\_\_\_\_ Date: \_\_\_\_\_

Engineering Services\*: \_\_\_\_\_ Date: \_\_\_\_\_

Safety & Security\*: \_\_\_\_\_ Date: \_\_\_\_\_

HICS: \_\_\_\_\_ Date: \_\_\_\_\_

ENGIE: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be completed and approved a minimum of **10 working days** before the anticipated interruption date. A copy of this form shall be posted on the jobsite for a full **10-day period** before interruption date as well as during the interruption. If a date/time change is required, the Contractor must notify the Construction Manager immediately.